## LIBER 14 PAGE 298 "EXHIBIT"B"

I, James B. Momor, hereby certify that I
am o_ followickan practicing in the
State of Maryland, and for the last _ tou_ years; that
I attended and examined Alice O'Dell Bowers, of Frederick County,
Maryland, on the 27 day of
has been a patient in the Frederick County Chronic Hospital, Fred-
erick County, Maryland, operated under supervision, since the
time of her entry on _27_ day of, fuguest, 195_6
I hereby certify that the said Alice O'Dell Bowers is incom-
petent in my opinion, by reason of her mental disability, to man-
age her property and estate and that the cause of said incompetency
is Alsulity
, and the nature of the
said incompetency is livelle to flusik or Talk
clearly or relierently or logically, and the extent of said
incompetency is, and the proba-
ble duration of the said incompetency is
$\bigcap_{i=1}^{n} (i) = \bigcap_{i=1}^{n} (i) = \bigcap_{i=1}^{n$
in ainer Bir Mary 6.
. Stredesed, Mary O.
Subscribed and sworn to
before me this 27-day of
March . 1958.
Levra M. Shook
Notary Public.
Filed March 28, 1958
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SHERMAN P. BOWERS
ATTORNEY AT LAW
FREDERICK, MARYLAND